

Health,
, & Welfare
S. Public
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FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39100
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 3

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Vincent Hosp.</u>		Length of stay in 1b <u>59 Yrs.</u>	d. STREET ADDRESS <u>605/0</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>IVA</u> Middle <u>GOLDEN</u> Last <u>SUTTLES</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>18</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 23, 1899</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Barry County, Mo.</u>	
13a. FATHER'S NAME <u>William Suttles</u>		13b. MOTHER'S MAIDEN NAME <u>Dora J. Black</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-03-9099</u>		17. INFORMANT Address <u>Chas Suttles, Pierce City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer (type?) of kidney</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>180X</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Oct 18, 1957</u> to <u>Nov 18, 1957</u> and last saw her alive on <u>Nov 17, 1957</u> Death occurred at <u>7:25</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. D. Buchanan, Jr.</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Monett, Mo</u>	
22c. DATE SIGNED <u>11-22-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/20/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Spring River</u>	
23d. LOCATION (City, town, or country) <u>Lawrence County, Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>J. D. Buchanan</u>		ADDRESS <u>Monett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-57</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1157-207

DATE REC. 11-25-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.